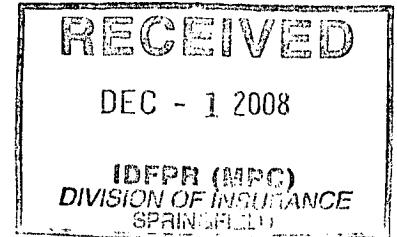


Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision
effective 01/01/2009.

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1. Automobile Liability Private		
Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Medical Liability</u>	<u>10,987,336</u>	<u>-5.2%</u>
Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so, specify: Applies to Physicians and Surgeons claims - made
coverage. See Actuarial Memorandum for information.

Brief description of filing. (If filing follows rates of an advisory
Organization, specify organization): See Actuarial Memorandum for information.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.
Medical Alliance Insurance Company

Name of Company
Carolyn M. Shanahan Paralegal
Official - Title

FILING # PPL-08-02-R

Section 754 EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
RECEIVED

DEC 09 2008

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision
effective 05/21/08

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto	\$18,489	-.0711%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so, specify: ancillary healthcare providersBrief description of filing. (If filing follows rates of an advisory
Organization, specify organization): change to ancillary rates, per patient exp rating,
schedule credits/debits, tail calculation, minimum premium, and claims made
step factors changed.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Medicus Insurance Company

Name of Company
Paula Battistelli, Reg. Compliance Coord.

Official - Title

FILING# IL-052108 - Rates/Rules